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	7590 01/02	/2009	have				
				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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NIXON PEABODY LLP 200 Page Mill Road, 2nd Floor				(Signature)			
Palo Alto,	CA 94306	1001				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	. CONFIRMATION NO.	
10/550,500 09/20/2005 TITLE OF INVENTION: VAPOR PHASE SYNTHESIS OF DOUBLE-W			Cheol Jin Lee	735967-017 9951 NANOTUBES 745273-017			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) D	UE DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	04/02/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
JOHNSON, EDWARD M		1793	423-447300	•			
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind	ication (or "Fee Address" 2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s): Xa Issue Fee Xa Publication Fee (Na) Xa Advance Order - 1	To small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3557 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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